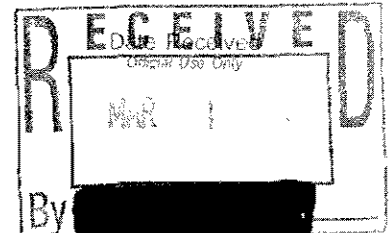


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A Public Document

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Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
Ammiano	Tom	R		
MAILING ADDRESS (Business Address, Applicable)	STREET	CITY	STATE	ZIP CODE
			OPTIONAL E-MAIL ADDRESS	

### 1. Office, Agency, or Court

Name of Office, Agency, or Court:

California State Assembly

Division, Board, District, if applicable:

District 13th

Your Position:

Assemblymember

► If filing for multiple positions, list additional agency(ies)/ position(s). (Attach a separate sheet if necessary.)

Agency:

Position:

### 2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Multi-County \_\_\_\_\_

☐ Other \_\_\_\_\_

### 3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial

Date: \_\_\_\_\_

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is \_\_\_\_\_, through December 31, 2009.

☐ Leaving Office

Date Left: \_\_\_\_\_

(Check one)

☐ The period covered is January 1, 2009 through the date of leaving office.

-or-

☐ The period covered is \_\_\_\_\_, through the date of leaving office.

☐ Candidate

Election Year: \_\_\_\_\_

### 4. Schedule Summary

► Total number of pages including this cover page: \_\_\_\_\_

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached  
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached  
Investments (10% or Greater Ownership)

Schedule B ☐ Yes - schedule attached  
Real Property

Schedule C ☒ Yes - schedule attached  
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes - schedule attached  
Income - Gifts

Schedule E ☐ Yes - schedule attached  
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

### 5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

March 1, 2010

Signature

(File the originally signed statement with your filing officer)

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name  Tom Ammiano

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Focus Features</u>	NAME OF SOURCE OF INCOME <u>City &amp; County of San Francisco</u>
ADDRESS (Business Address Acceptable) <u>30 Rockefeller, New York, 10122</u>	ADDRESS (Business Address Acceptable) <u>Health Service System, 1145 Market, 2nd Floor, SF</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE  	BUSINESS ACTIVITY, IF ANY, OF SOURCE  
YOUR BUSINESS POSITION <u>Actor</u>	YOUR BUSINESS POSITION <u>Client</u>
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Sale of _____ (Property, car, boat, etc.) <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more  <input type="checkbox"/> Other _____ (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Sale of _____ (Property, car, boat, etc.) <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more  <input type="checkbox"/> Other _____ (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
ADDRESS (Business Address Acceptable)	_____ % <input type="checkbox"/> None	
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Real Property _____	Street address
<input type="checkbox"/> \$500 - \$1,000		City
<input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Other _____	(Describe)
<input type="checkbox"/> OVER \$100,000		

Comments: \_\_\_\_\_

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name Tom Ammiano
--

► NAME OF SOURCE  
 Speaker Karen Bass (Karen Bass for Assembly)  
 ADDRESS (Business Address Acceptable)  
 777 S. Figueroa St., Suite 4050, Los Angeles 900017  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Speaker of the Assembly

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 8 / 09	\$ 144.02	Food & Jacket
/ /	\$	
/ /	\$	

► NAME OF SOURCE  
 Another Planet Entertainment  
 ADDRESS (Business Address Acceptable)  
 1815 4th Street, Berkeley, CA 94710  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8 / 28 / 09	\$ 451.00	Tickets (paid 32.00)
/ /	\$	
/ /	\$	

► NAME OF SOURCE  
 Family Wine Makers of California  
 ADDRESS (Business Address Acceptable)  
 520 Capitol Mall, Suite 260, Sacramento 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 26 / 09	\$ 72.20	Food & Beverage
/ /	\$	
/ /	\$	

► NAME OF SOURCE  
 War Memorial and Performing Arts Center  
 ADDRESS (Business Address Acceptable)  
 401 Van Ness Ave., Suite 110, SF CA 94102  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 2 / 09	\$ 380.00	Tickets
10 / 03 / 09	\$ 194.00	Tickets
/ /	\$	(Paid \$155.00)

► NAME OF SOURCE  
 Marijuana Policy Project  
 ADDRESS (Business Address Acceptable)  
 P.O. Box 77492, Capitol Hill, Washington D.C.  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Foundation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 6 / 09	\$ 338.87	Dinner, transportation
/ /	\$	and gift
/ /	\$	

► NAME OF SOURCE  
 San Francisco Public Utilities Commission  
 ADDRESS (Business Address Acceptable)  
 1155 Market Street, 11th Floor, SF, CA. 94103  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Utilities

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 09 / 09	\$ 150.00	Accommodations
/ /	\$	
/ /	\$	

Comments: \_\_\_\_\_

# SCHEDULE D Income - Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name Tom Ammiano
--

▶ NAME OF SOURCE  
 Black Eagle Wines  
 ADDRESS (Business Address Acceptable)  
 1700 L Street, Sacramento, CA 95811  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Business

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 02 / 09	\$ 65.00	wine gift
	\$	
	\$	

▶ NAME OF SOURCE  
 French Republic  
 ADDRESS (Business Address Acceptable)  
 2221 Kalorama Road, Washington D.C. 20008  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Embassy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9 / 15 / 09	\$ 65.00	Dinner
	\$	
	\$	

▶ NAME OF SOURCE  
 ADDRESS (Business Address Acceptable)  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

▶ NAME OF SOURCE  
 ADDRESS (Business Address Acceptable)  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

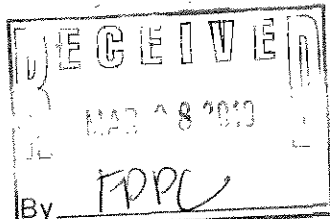
▶ NAME OF SOURCE  
 ADDRESS (Business Address Acceptable)  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

▶ NAME OF SOURCE  
 ADDRESS (Business Address Acceptable)  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

Comments: \_\_\_\_\_  
 \_\_\_\_\_



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**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
**AMENDMENT**

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME Focus Features	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable) 30 Rockefeller, New York, 10122	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION Actor	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Sale of _____ (Property, car, boat, etc.) <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more  <input type="checkbox"/> Other _____ (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Sale of _____ (Property, car, boat, etc.) <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more  <input type="checkbox"/> Other _____ (Describe)

**2. LOAN RECEIVED**

You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER	INTEREST RATE	TERM (Months/Years)
ADDRESS (Business Address Acceptable)	_____ % <input type="checkbox"/> None	_____
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ Street address _____ City _____ <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ (Describe)	

**Verification**

Print Name Tom Ammiano Office, Agency or Court CA State Assembly

Statement Type    ☒ 2009/2010 Annual    ☒ 09 Annual    ☐ Assuming    ☐ Leaving    ☐ Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that

Date Signed March 3, 2010    Signature \_\_\_\_\_  
(month, day, year)

STATE CAPITOL  
P.O. BOX 942849  
SACRAMENTO, CA 94249-0013  
(916) 319-2013  
FAX (916) 319-2113

DISTRICT OFFICE  
SAN FRANCISCO STATE BUILDING  
CIVIC CENTER COMPLEX  
455 GOLDEN GATE AVENUE, SUITE 14300  
SAN FRANCISCO, CA 94102  
(415) 557-3013  
FAX (415) 557-3015

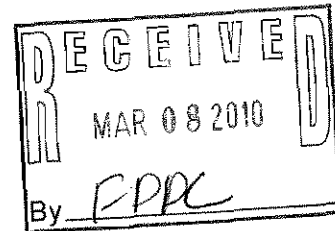
# Assembly California Legislature



**TOM AMMIANO**  
ASSEMBLYMEMBER, THIRTEENTH DISTRICT

COMMITTEES  
PUBLIC SAFETY, CHAIR  
HUMAN SERVICES, VICE CHAIR  
APPROPRIATIONS  
EDUCATION  
HEALTH

SELECT COMMITTEE ON WORKFORCE  
DEVELOPMENT WITHIN THE  
DEVELOPMENTALLY DISABLED  
COMMUNITY, CHAIR



March 2, 2010

Emily Boden  
Fair Political Practices Commission  
428 J Street, Suite 620  
Sacramento, CA 95814

Dear Ms. Emily Boden:

This memo is to memorialize my enclosed correction to my 2009 Annual California FPPC Form 700, Schedule C.

My original submission included on Schedule C income from the City and County of San Francisco, Health Services System, that was erroneously submitted as income. This item reflects a benefit allowed me as a former employee of the City for reimbursement of medical expenses. As such, it does not need to be reported within my Form 700. My new Schedule C omits this from the record.

Thank you for your attention to this matter.

Sincerely,

Tom Ammiano  
Assemblymember, 13<sup>th</sup> District

